Cup Dola OD
Entry Blank—Please Type or Print
Ms./Artist Postotnik Danjel T.
Permanent 226 Grandview (last name last) Address Street City (5+1-10)
44107 Daytime Tel. 216, 589,937
Temporary or Studio Address Studio A
Zip area
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold:  Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist at artist's expense:
Street
City State Zip
Special Instructions
Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.
When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

I have received the unsold/unaccepted object(s) in good condition.

Signature \_\_\_\_\_

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

A Pain	1		☐ Photography (specify category		
Materials used (media	nware				
Blue as	nd Yello	w	Vase		
Price or NFS	Insurance Value if NFS Only		Size 20 X US X S height x width x depth		
	GRAPHICS AND PHO	TOGRAPH	Y ONLY		
Additional No. For Sale	Total No. in Edition	Price of Unframe		Price of Frame Only	
ACCEPTED  NOT ACCEPTED	DO NOT WRITE IN	THIS SI	50 [	)	ACCEPTED
B Paint	. /		☐ Photog (sp		y category)
Materials used (media	nenwo	are			
Title Platt	er				
Price or NFS	Insurance Value If NFS Only	Size 20" A height x width x depth			
	GRAPHICS AND PHO	TOGRAPH	Y ONLY		
Additional No. For Sale	Total No. in Edition	Price of Unframe			
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